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INFORMATION DISCLOSURE STATEMENT

Applicant: ITO, et al.

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Filing Date: July 28, 1999

Examiner: Unknown

Group Art Unit: Unknown

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U.S. PATENT DOCUMENTS

Examiner's Initials*		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	SubClass	Filing Date (if appropriate)
L.T.M.E.	AR	5,420,063	05/1995	MAGHSOUDNIA et al.	438	384	
L.T.M.E.	BR	5,043,295	08/1991	RUGGERIO et al.	604	265	
L.T.M.E.	CR	5,382,916	01/1995	KING et al.	330	253	
L.T.M.E.	DR	5,503,878	04/1996	SUZUKI et al.	216	16	
L.T.M.E.	ER	5,525,831	06/1996	OHKAWA et al.	257	543	
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	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

FOREIGN PATENT DOCUMENTS

		Document Number	Date MM/YYYY	Country	Inventor Name	Class	SubClass	English Abstract		Translation Readily Available	
								Enclosed	No	Enclose	No
	OR	7-335831	12/1995	JAPAN				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PR	10-22452	01/1998	JAPAN				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	QR	10-144866	05/1998	JAPAN				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L.T.M.E.	RR	7-202124	08/1995	JAPAN	SEKINE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L.T.M.E.	SR	8-250462	09/1996	JAPAN	MEADA			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L.T.M.E.	TR	2-58259	02/1990	JAPAN	IIDA			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	UR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Date, Pertinent Pages, etc.)

YR				
ZR				
AAR				
ABR				
ACR				
ADR				

Examiner *Lynette J. May-Euruni*

Date Considered: 2/9/2001

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP ' 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.